

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/500981

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1	1	1	
2	1	1	1	
3	2	1	1	
4	1	1	1	
5	1	1	1	
6	2	1	1	
7	(D)	1	1	
8	(D)	1	1	
9	2	1	1	
10	1	1	1	
11			1	
12			1	
13			1	
14			1	
15			1	
16			1	
17			1	
18			1	
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50				
TOTAL IND.	1	1	1	
TOTAL DEP.	12	19	20	
TOTAL CLAIMS	13	19	20	

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
51				
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97				
98				
99				
100				
TOTAL IND.		1	1	
TOTAL DEP.		19	20	
TOTAL CLAIMS		19	20	